

BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82

I. INSTALLATION'S EPA ID NUMBER											
P	A	D	O	5	4	7	1	7	4	7	5
II. NAME OF INSTALLATION											
Printed Circuits, Inc.											
III. INSTALLATION MAILING ADDRESS											
STREET OR P. O. BOX											
1615 Manning Blvd.											
CITY OR TOWN										ST.	ZIP CODE
Levittown, Pa.										PA	19057
IV. LOCATION OF INSTALLATION											
STREET OR ROUTE NUMBER										MUNICIPALITY	
Same										Levittown	
CITY OR TOWN										ST.	ZIP CODE
										PA	19057
										COUNTY	
										Lower Bucks	
V. INSTALLATION CONTACT											
NAME AND TITLE (last, first, & job title)										PHONE NO. (area code & no.)	
Mitchell, Robert General Manager										215 945 9112	
VI. OWNERSHIP											
A. NAME OF INSTALLATION'S LEGAL OWNER											
Millard Hendrickson Robert Wolke Robert Mitchell											
B. TYPE OF OWNERSHIP											
(enter the appropriate letter into box)											
F - FEDERAL M - NON-FEDERAL M											
VII SIC CODES (4-digit in order of priority)											
A. FIRST						C. THIRD					
3	4	7	Electroplating								
B. SECOND						D. FOURTH					
VIII. TYPE OF HAZARDOUS WASTE ACTIVITY											
<input checked="" type="checkbox"/>	A. GENERATION			<input type="checkbox"/>	C. STORE			<input type="checkbox"/>	E. DESTRUCTION		
<input type="checkbox"/>	B. TREAT			<input type="checkbox"/>	D. REUSE			<input type="checkbox"/>	F. OTHER (Specify)		
IX. MODE OF TRANSPORTATION (transporters only)											
<input type="checkbox"/>	A. AIR		<input type="checkbox"/>	B. RAIL		<input type="checkbox"/>	C. HIGHWAY		<input type="checkbox"/>	D. WATER	
<input type="checkbox"/> (Specify)											
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS											
A. RCRA (Hazardous Waste)						B. RCRA (Air Emissions from Process)					
<input type="checkbox"/>						<input type="checkbox"/>					
B. UIC (Underground Injection of Fluids)						E. SOLID WASTE					
<input type="checkbox"/>						<input type="checkbox"/>					
C. RCRA (Hazardous Waste)						F. OTHER					
<input type="checkbox"/>						<input type="checkbox"/>					
XI. TYPE OF NOTIFICATION											
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).											
<input type="checkbox"/>	A. FIRST NOTIFICATION			<input type="checkbox"/>	C. DELETION OF A WASTE			<input type="checkbox"/>	E. DELETION OF AN ACTIVITY		
<input checked="" type="checkbox"/>	B. CHANGE OF GENERAL INFORMATION			<input type="checkbox"/>	D. ADDITION OF A WASTE			<input type="checkbox"/>	F. ADDITION OF AN ACTIVITY		

Note: Letter of explanation attached.

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 7	2 F 0 0 9	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 575.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Check "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 575.261(h)(5) for definitions.)

☐

1. FLAMMABLE

☐

2. CORROSIVE

☐

3. REACTIVE

☐

4. TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Robert J. Mitchell

NAME and OFFICIAL TITLE (Type or Print)

Robert J. Mitchell
General Manager

DATE SIGNED

5/12/83

FOR OFFICIAL USE ONLY

I.D. - FOR OFFICIAL USE ONLY

W	PAD	054717475	21
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IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F007 23 - 26	2 F009 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

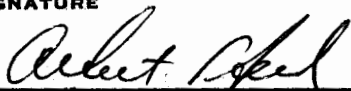
D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☐ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☒ 3. REACTIVE
(D003)☐ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

ALBERT FISHFELD, Pres

DATE SIGNED

7/22/80



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤

PA054717475

INSTALLATION ADDRESS ➤

**LECTRO PRINT CORP
1615 HANNING BLVD
LEVITTOWN**

PA 19057

**1615 HANNING BLVD
LEVITTOWN**

PA 19057

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT

HAZARDOUS WASTE PERMIT APPLICATION - PART A

Please print or type in the unshaded areas only

I. EPA I.D. NUMBER													
P A D O 5 4 7 1 7 4 7 5													
II. NAME OF FACILITY													
Printed Circuits, Inc.													
III. FACILITY CONTACT													
A. NAME & TITLE (last, first, & title)										B. PHONE (area code & no.)			
Mitchell, Robert General Manager										2 1 5 9 4 5 9 1 2 0			
IV. FACILITY MAILING ADDRESS													
A. STREET OR P.O. BOX													
1615 Manning Blvd.													
B. CITY OR TOWN										C. State		D. Zip Code	
Levittown										P A		1 9 0 5	
V. FACILITY LOCATION													
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER								E. MUNICIPALITY					
Same								Levittown					
B. CITY OR TOWN						C. State		D. Zip Code		F. COUNTY			
										Lower Bucks			
VI. SIC CODES (4 digit, in order of priority)													
A. FIRST						C. THIRD							
3 4 7 (specify) Electroplating						(specify)							
B. SECOND						D. FOURTH							
(specify)						(specify)							
VII. OPERATOR INFORMATION													
A. NAME										B. Is the name listed in Item VII-A also the owner?			
Millard Hendrickson										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STREET OR P.O. BOX													
Huntingdon Valley Industrial Park													
D. CITY OR TOWN						E. State		F. Zip Code		G. PHONE (area code & no.)			
Huntingdon Valley						P A		1 9 0 0 6		2 1 5 3 5 5 0 7 5			
H. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)													
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) S = STATE O = OTHER (specify) P = PRIVATE													
VIII. EXISTING ENVIRONMENTAL PROGRAM PERMITS													
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)							
B. UIC (Underground Injection of Fluids)						E. SOLID WASTE							
C. RCRA (Hazardous Wastes)						F. OTHER (specify)							
IX. MAP													
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and any well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area as per the instructions.													

X. NATURE OF BUSINESS (provide a brief description)

Manufacture of Printed circuit boards for the electronic industry.

XI. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Section I.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY

☐ 2. NEW FACILITY (Complete item below.)

YR	MO	DAY
83	07	11

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo. & day)
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(use the boxes to the left)

YE	MO	DAY

FOR NEW FACILITIES,
PROVIDE THE DATE
(yr., mo. & day) OPERA-
TION BEGAN OR IS EX-
PECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Section 1)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

XII. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item XII-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. **AMOUNT** – Enter the amount.

2. **UNIT OF MEASURE** — For each amount entered in column 8(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below may be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
STORAGE:			TREATMENT:		
Container (barrel, drum, etc.)	S01	Gallons or Liters	Tank	T01	Gallons Per Day or Liters Per Day
Waste Pile	S02	Gallons or Liters	Surface Impoundment	T02	Gallons Per Day or Liters Per Day
Surface Impoundment	S03	Cubic Yards or Cubic Meters	Incinerator	T03	Tons Per Hour or Metric Tons Per Hour; Gallons Per Hour or Liters Per Hour
	S04	Gallons or Liters			
DISPOSAL:			Other (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments, or incinerators. Describe the processes in the space provided (Item XII-C).)	T04	Gallons Per Day or Liters Per Day
Injection Well	D79	Gallons or Liters			
Landfill	D80	Acre-Feet (the volume that would cover one acre to a depth of one foot) or Hectare-Meter			
Land Application	D81	Acres or Hectares			
Ocean Disposal	D82	Gallons Per Day or Liters Per Day			
Surface Impoundment	D83	Gallons or Liters			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons	G	Liters Per Day	V	Acre-Feet	A
Liters	L	Tons Per Hour	D	Hectare-Meter	F
Cubic Yards	Y	Metric Tons Per Hour	W	Acres	B
Cubic Meters	C	Gallons Per Hour	E	Hectares	Q
Gallons Per Day	U	Liters Per Hour			

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PROCESS CODE (from list above)				B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY	A. PROCESS CODE (from list above)				B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY
				1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)							1. AMOUNT		2. UNIT OF MEASURE (enter code)		
X-1	S	0	2	600		G					5						
X-2	T	0	3	20		E					6						
1	S	0	2	3000		G											
2											8						
3											9						
4											10						

XII. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

XIII. DESCRIPTION OF HAZARDOUS WASTES

A. HAZARDOUS WASTE NUMBER — Enter the four-digit number from 75.261(h) for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 75.261(h), enter the four-digit number(s) from 75.261(g) that describes the characteristics and/or the EP toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or EP toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Section XII to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or EP toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Section XII to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess the characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item XIII-D(1); and (3) Enter in the space provided on page 5, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one Hazardous Waste Number shall be described on the form as follows:

1. Select one of the Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING SECTION XIII (Shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of leaded tank bottoms from the petroleum refining industry. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES										
							1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
X-1	K	0	5	2	900	P	T	0	3	D	8	0					
X-2	D	0	0	2	400	P	T	0	3	D	8	0					
X-3	D	0	0	1	100	P	T	0	3	D	8	0					
X-4	D	0	0	2													"included with above"

XIII. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 4.

XIV. FACILITY DRAWING

All existing facilities must include in the space provided on page 6 a scale drawing of the facility (see instructions for more detail).

XV. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas (see instructions for more detail).

XVI. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

XVII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII, place an "X" in the box to the left and skip to Section XVIII below.

B. If the facility owner is not the facility operator as listed in Section VII, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

Millard Hendrickson

2 1 5 3 5 5 5 0 7 5

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

Heaton-Republics Roads

Huntingdon Valley

P A

1 9 0 0 6

XVIII. OWNER CERTIFICATION

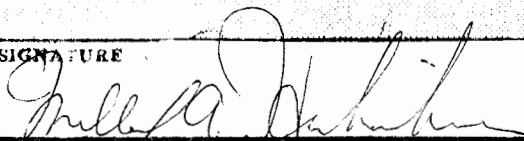
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Millard Hendrickson



5/16/83

XIX. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

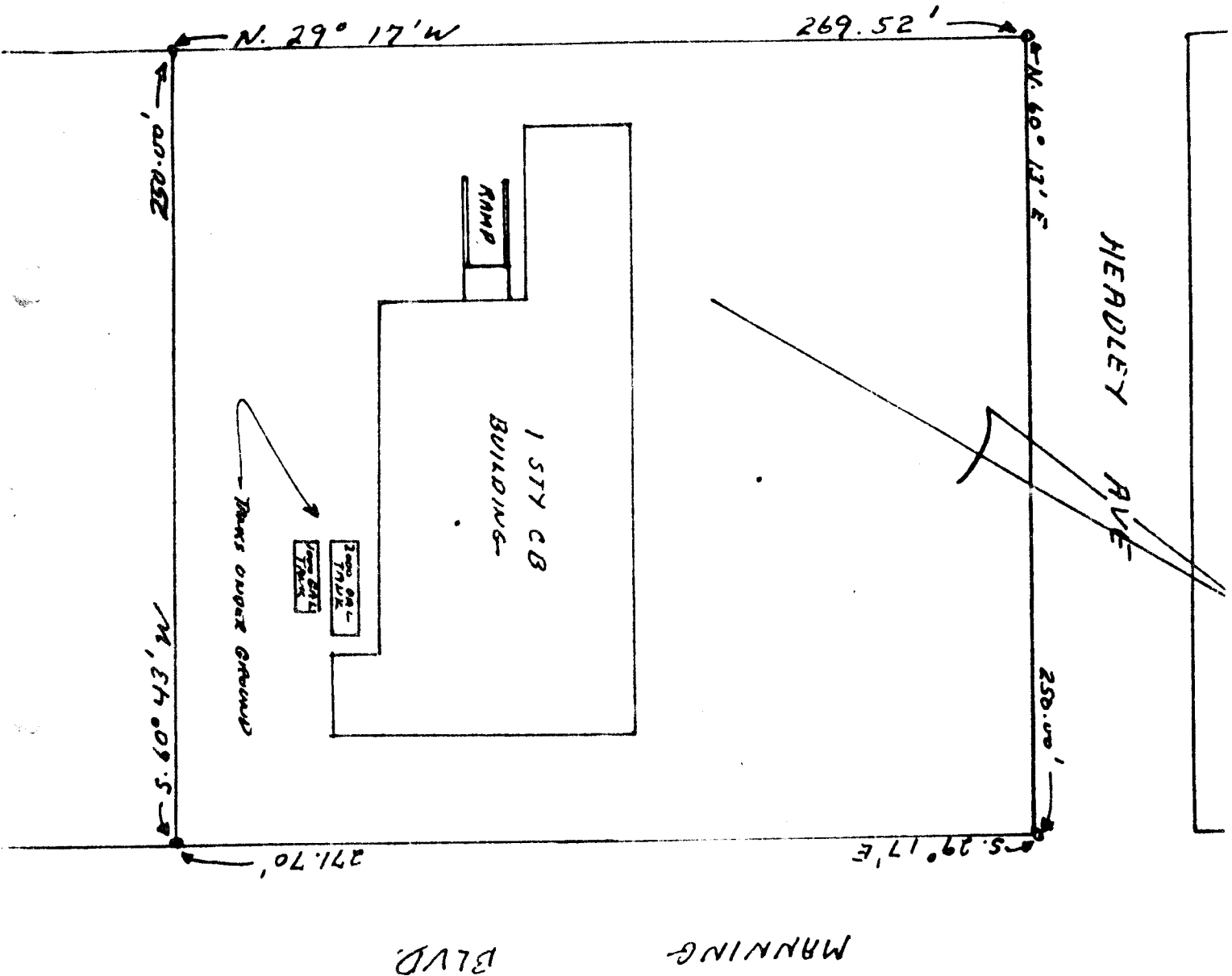
C. DATE SIGNED

Robert Mitchell



5/12/83

FACILITY DRAWING (see page 4)



FORM 1	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permit Program <i>(Read the "General Instructions" before starting.)</i>	EPA I.D. NUMBER EPAD054717475
GENERAL I. EPA I.D. NUMBER II. FACILITY NAME III. FACILITY ADDRESS IV. MAILING ADDRESS V. FACILITY LOCATION		<div style="font-size: 2em; margin: 20px;">1500000547</div> <p style="font-size: 1.5em; margin: 0;">PLEASE PLACE LABEL IN THIS SPACE</p>	
		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent, the area to the left of the label space tells the information that should appear; please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except V-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any question, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK X			SPECIFIC QUESTIONS	MARK X		
	YES	NO	FORM		YES	NO	FORM
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluents below the basement or ground surface, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with commercial oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY
 LECTRO PRINT CORP. PRINTED CIRCUITS INC.

IV. FACILITY CONTACT

A. NAME & TITLE (Last, First, & Middle)	B. PHONE (Area Code & No.)
MITCHELL, ROBERT PLANT MANAGER	215 945 9120

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
1615 MANNING BLVD			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
LEVITTOWN		PA	19057

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
1615 MANNING BLVD.			
B. COUNTY NAME			
LOWER BUCKS			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
LEVITTOWN		PA	19057
		F. COUNTY CODE	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST 7 3 4 7 (specify) ELECTROPLATING				B. SECOND 7 (specify)			
C. THIRD 7 (specify)				D. FOURTH 7 (specify)			

VIII. OPERATOR INFORMATION

A. NAME 8 L E C T R O P R I N T C O R P .												B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) P (specify) S = STATE O = OTHER (specify) P = PRIVATE												D. PHONE (area code & no.) 2 1 5 9 4 5 9 1 2 0			
E. STREET OR P.O. BOX 1 6 1 5 M A N N I N G B L V D .															
F. CITY OR TOWN B L E V I T T O W N										G. STATE P A		H. ZIP CODE 1 9 0 5 7		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) 9 N										D. PBD (Air Emissions from Proposed Sources) 9 P									
B. UIC (Underground Injection of Fluids) 9 U										E. OTHER (specify) (specify)									
C. RCRA (Hazardous Wastes) 9 R										F. OTHER (specify) (specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF PRINTED CIRCUIT BOARDS FOR THE ELECTRONIC INDUSTRIES.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) ALBERT FISHFELD PRESIDENT		B. SIGNATURE X <i>Albert Fishfeld</i>		C. DATE SIGNED 11/12/80	
---	--	--	--	----------------------------	--

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM 3 RCRA			U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION <i>Consolidated Permits Program</i> <small>(This information is required under Section 3005 of RCRA.)</small>		I. EPA I.D. NUMBER																																																																																			
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FOR OFFICIAL USE ONLY																																																																																								
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)			COMMENTS																																																																																			
23		24 - 29																																																																																						
II. FIRST OR REVISED APPLICATION																																																																																								
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																																								
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)																																																																																								
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)																																																																																								
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																																								
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																																																																																								
C YR. MO. DAY																																																																																								
8 6 9 4 1 5																																																																																								
B. REVISED APPLICATION (place an "X" below and complete Item I above)																																																																																								
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<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																																								
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																																								
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																																								
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																																								
1. AMOUNT - Enter the amount.																																																																																								
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																								
<table border="0" style="width:100%;"><tr><td style="width:25%;">Storage:</td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;">Treatment:</td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>Disposal:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td><td>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</td><td>T04</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td><td></td><td></td><td></td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td><td></td><td></td><td></td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td><td></td><td></td><td></td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr></table>															Storage:			Treatment:	CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS				Disposal:						INJECTION WELL	D79	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY	LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				LAND APPLICATION	D81	ACRES OR HECTARES				OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY				SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS													
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EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																								
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1 2 13 14 15																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">LINE NUMBER</th><th rowspan="2">A. PROCESS CODE (from list above)</th><th colspan="2">B. PROCESS DESIGN CAPACITY</th><th rowspan="2">FOR OFFICIAL USE ONLY</th><th rowspan="2">LINE NUMBER</th><th rowspan="2">A. PROCESS CODE (from list above)</th><th colspan="2">B. PROCESS DESIGN CAPACITY</th><th rowspan="2">FOR OFFICIAL USE ONLY</th></tr><tr><th>1. AMOUNT (specify)</th><th>2. UNIT OF MEASURE (enter code)</th><th>1. AMOUNT</th><th>2. UNIT OF MEASURE (enter code)</th></tr></thead><tbody><tr><td>X-1</td><td>S 0 2</td><td>600</td><td>G</td><td></td><td>5</td><td></td><td></td><td></td><td></td></tr><tr><td>X-2</td><td>T 0 3</td><td>20</td><td>E</td><td></td><td>6</td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td>S 0 2</td><td>3000</td><td>G</td><td></td><td>7</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td>8</td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td><td>9</td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td>10</td><td></td><td></td><td></td><td></td></tr></tbody></table>															LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	1. AMOUNT	2. UNIT OF MEASURE (enter code)	X-1	S 0 2	600	G		5					X-2	T 0 3	20	E		6					1	S 0 2	3000	G		7					2					8					3					9					4					10				
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completion if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page-1)															FOR OFFICIAL USE ONLY									
<div> <div>W P A D 0 5 4 7 1 7 4 7 5</div> <div>T/A C</div> <div>1</div> </div>															<div> <div>W</div> <div>DUP</div> <div>T/A C</div> <div>2</div> <div>DUP</div> </div>									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)															D. PROCESSES									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
				27	28	29	30	31	32	33	34	35	36	37										
1	F 0 0 7	30,000	P	S	0	2																		
2	F 0 0 9	64,000	P	S	0	2																		
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	P	A	D	0	5	4	7	1	7	4	7	5	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

40 07 03 0

LONGITUDE (degrees, minutes, & seconds)

074 50 02 0

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

LEEDS & NORTHRUP COMPANY

2. PHONE NO. (area code & number)

215-643-2000

3. STREET OR P.O. BOX

SUMNEYTOWN PIKE

4. CITY OR TOWN

NORTH WALES

5. ST.

PA

6. ZIP CODE

19454

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

MILLARD HENRIKSSON

B. SIGNATURE

C. DATE SIGNED

3/6/81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

ROBERT MITCHELL
ALBERT FISHFELD — PRESIDENT

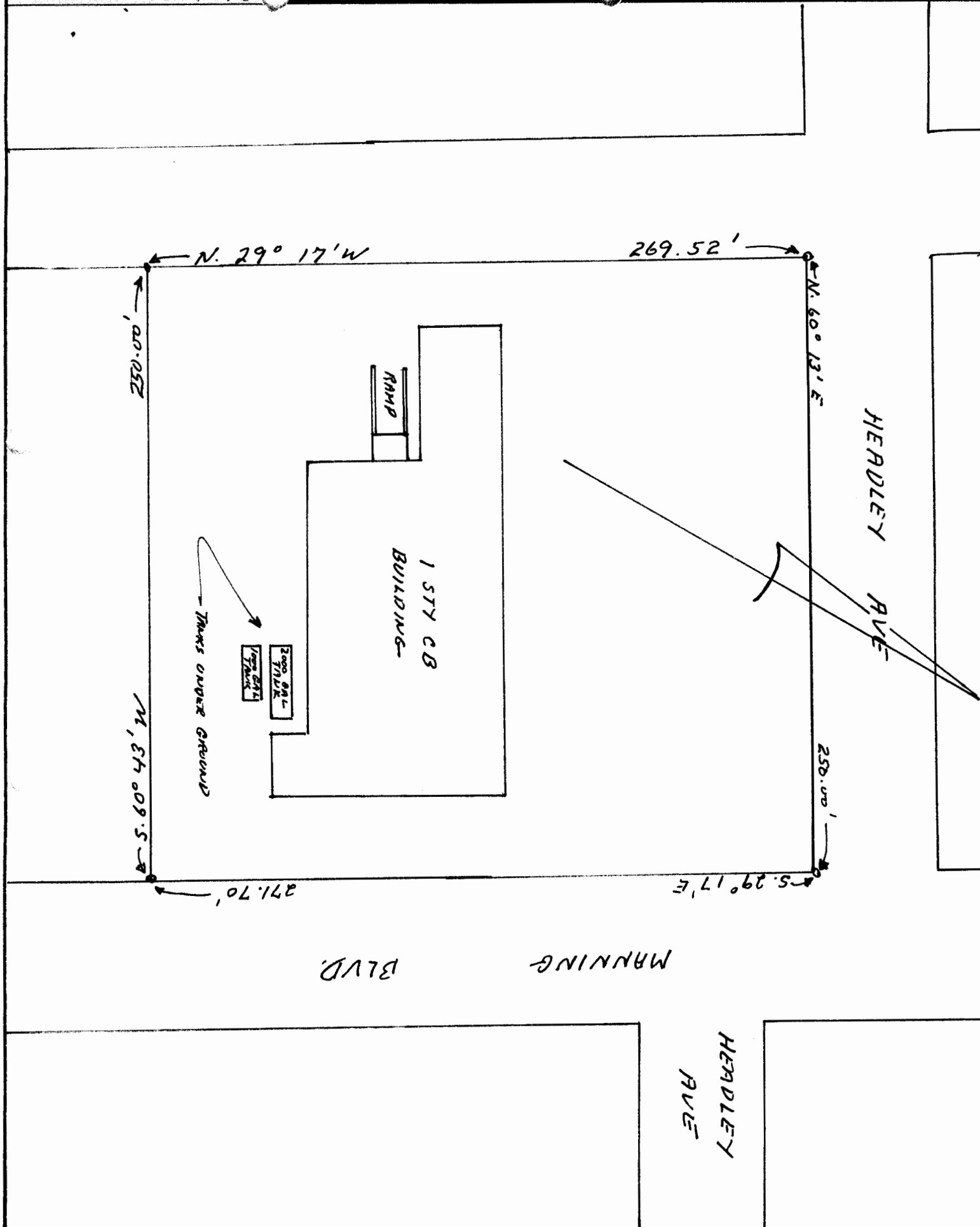
B. SIGNATURE

C. DATE SIGNED

11/12/80

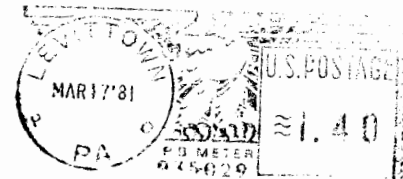
⊙ As per memo received 11/12/80

V. FACILITY DRAWING (see page



LECTRO PRINT CORP.
PRINTED CIRCUITS

1615 MANNING BLVD.
LEVITTOWN, PA. 19057



CERTIFIED

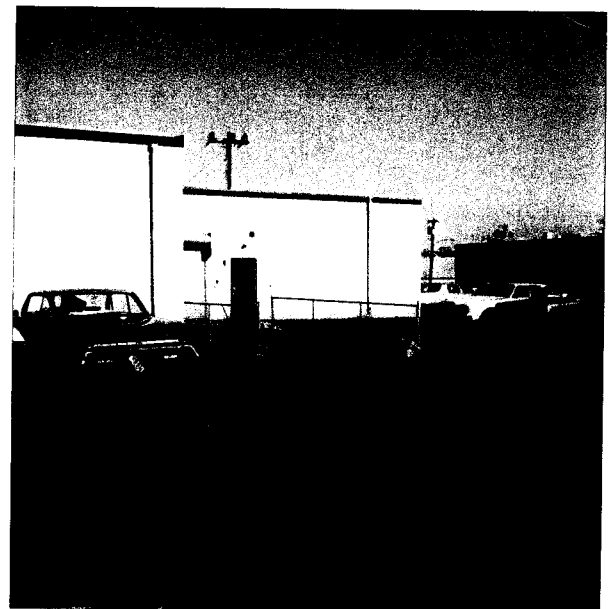
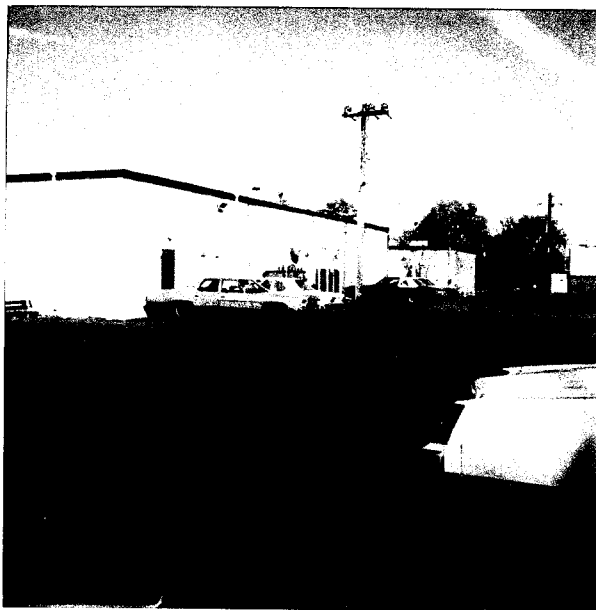
P20 4186655

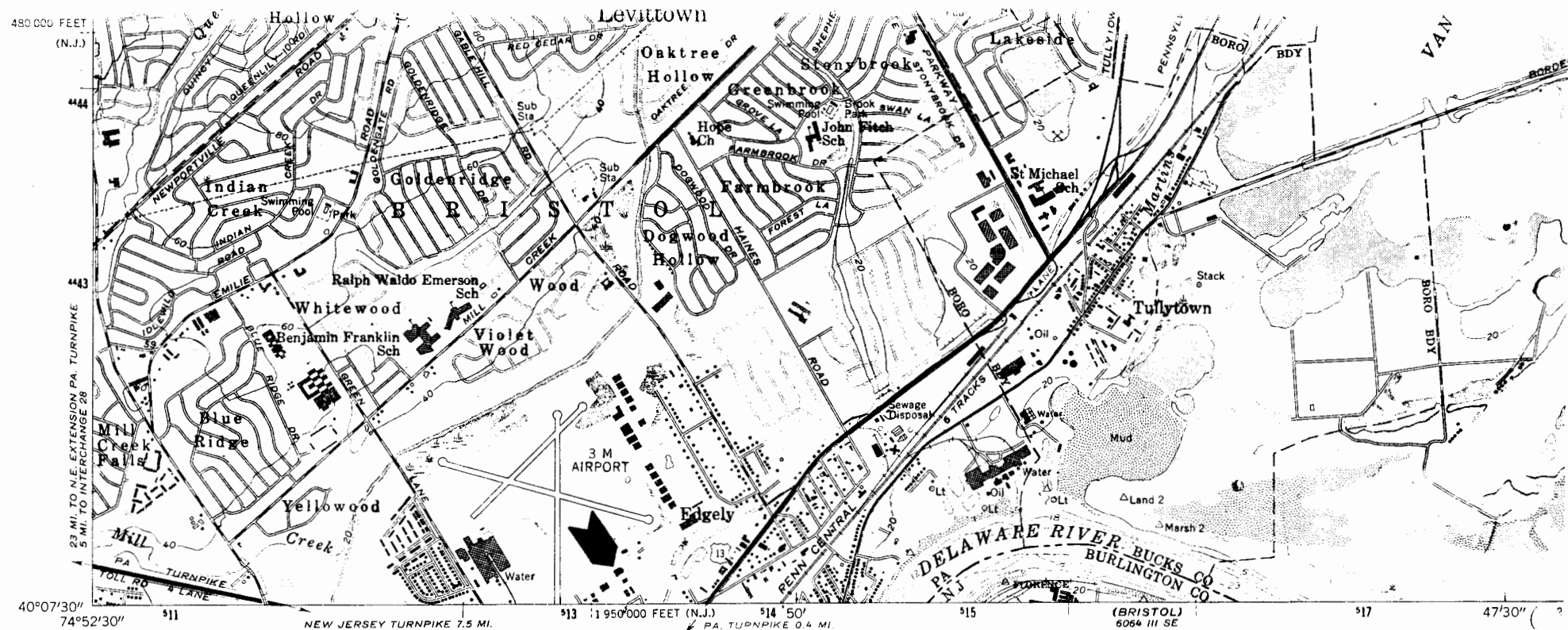
MAIL

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILA., PA. 19106

ATTN: SHIRLEY D. BULKIN
CHIEF, RCRA ADM. SUPPORT SECT.

ORIGINAL RECEIPT
REQUESTED





(BEVERLY)
6064 III SW

Mapped by the Army Map Service
Edited and published by the Geological Survey

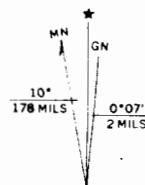
Control by USC&GS, USCE, and New Jersey
Geodetic Survey

Topography from aerial photographs by photogrammetric
methods. Aerial photographs taken 1942. Field check 1943.
Culture revised by the Geological Survey 1954-1955

Hydrography from USC&GS chart 296 (1954)

Polyconic projection. 1927 North American datum
10,000-foot grids based on Pennsylvania coordinate
system, south zone, and New Jersey coordinate system
1000-meter Universal Transverse Mercator grid ticks,
zone 18, shown in blue

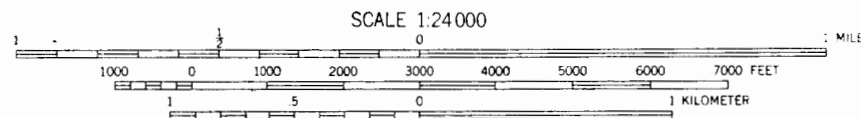
Red tint indicates areas in which only
landmark buildings are shown



UTM GRID AND 1970 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

Revisions shown in purple compiled by the Geological
Survey from aerial photographs taken 1970. This
information not field checked

Purple tint indicates extension of urban areas

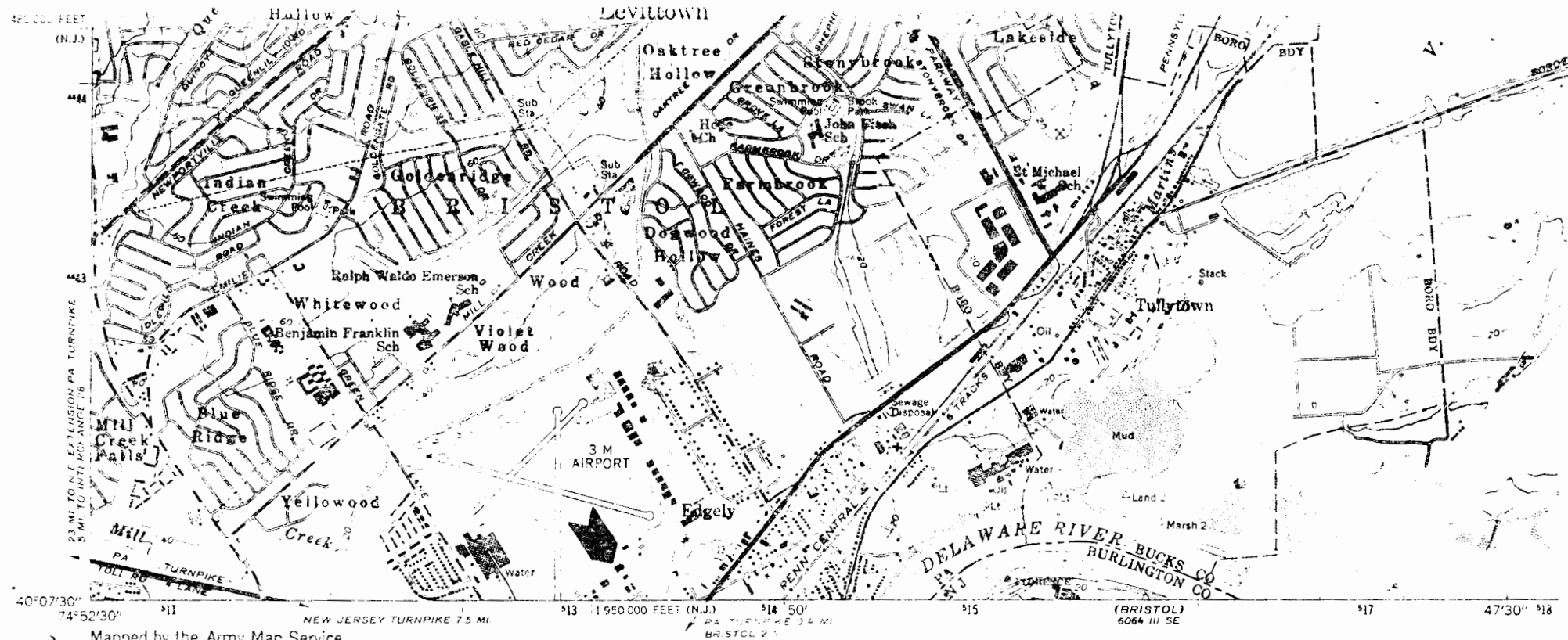


CONTOUR INTERVAL 20 FEET

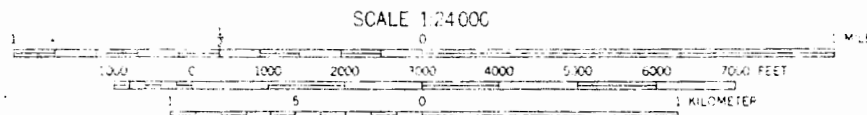
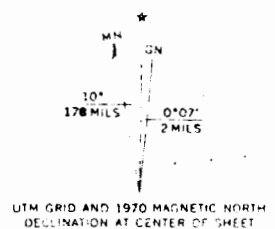
DATUM IS MEAN SEA LEVEL

DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER
THE MEAN RANGE OF TIDE IS 6.3 FEET

FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



Mapped by the Army Map Service
 Edited and published by the Geological Survey
 Control by USC&GS, USCE, and New Jersey
 Geodetic Survey
 Topography from aerial photographs by photogrammetric
 methods. Aerial photographs taken 1942. Field check 1943.
 Culture revised by the Geological Survey 1954-1955
 Hydrography from USC&GS chart 296 (1954)
 Polyconic projection. 1927 North American datum
 10,000-foot grids based on Pennsylvania coordinate
 system, south zone, and New Jersey coordinate system
 1000-meter Universal Transverse Mercator grid ticks,
 zone 18, shown in blue
 Red tint indicates areas in which only
 landmark buildings are shown



SCALE 1:24,000
 CONTOUR INTERVAL 20 FEET
 DATUM IS MEAN SEA LEVEL
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